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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Oman

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Oman which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $4,000,000 from general resources, subject to the availability of funds, for the period 1997 to 2000.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	1.0
U5MR (per 1,000 live births)	27
IMR (per 1,000 live births)	22
Underweight (% moderate and severe)	12
Maternal mortality rate (per 100,000 live births)	...
Literacy (% male/female) (1993)	71/46
Primary school enrolment (% net, male/female) (1993)	74/72
Primary school children reaching grade 5 (%) (1993)	96
Access to safe water (%) (1993)	82
Access to health services (%)	92
GNP per capita (1993)	$5,200
One-year-olds fully immunized against (1995):	
tuberculosis:	96 per cent
diphtheria/pertussis/tetanus:	99 per cent
measles:	98 per cent
poliomyelitis:	99 per cent
Pregnant women immunized against (1995):	
tetanus:	95 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. In the last 25 years, Oman has made remarkable progress in improving the situation of children and women. A national programme of action (NPA) has been prepared, most of the mid-decade goals have been achieved and the country is well on course to achieve the goals for the year 2000. Early in 1996, the Government agreed, in principle, to ratify the Convention on the Rights of the Child, which confirms its commitment to continue improving the situation of children. Thus, the proposed country programme will be the last one in Oman.

2. Fertility levels remain high. Rapid social change has also brought new health problems, including heart disease, diabetes and smoking-related ailments. The number of children with disabilities has increased due to traffic and home accidents and the survival of children with congenital disabilities. The threat of AIDS also exists. In addition, many schools are currently on double shifts and the time children spend in school is limited. The repetition rates of 10-13 per cent in primary school and 13-23 per cent in preparatory schools are high. High illiteracy among women also adversely affects the quality of health and nutrition for women and their families. A comprehensive educational reform is being launched by the Government to address these problems.

3. However, the situation of women in Oman has continued to improve. The first two women to be appointed to the Majlis Ash-shura, Oman's Consultative Council, assumed their positions in 1995. The Omani Women's Association has expanded to 17 regional branches, with over 3,000 members who train women in life skills. Due to higher education levels and expanded economic opportunities, more Omani women are entering the labour force.

4. The Government is currently formulating the details of its fifth Five-Year Development Plan for 1996-2000. The plan will focus on diversifying the economy, encouraging private sector initiatives, developing human resources, raising the standard of living and reducing regional disparities.

PROGRAMME COOPERATION, 1991-1996

5. The 1991-1996 country programme was designed to help achieve the major mid-decade goals for children through advocacy and technical assistance. The health and nutrition programme supported efforts to achieve and sustain high levels of service coverage; to identify and respond to such problems as iodine deficiency disorders (IDD) and vitamin A deficiencies; and to achieve the major goals for the decade. UNICEF collaborated with the World Health Organization (WHO) and the Ministry of Health to sustain immunization coverage and to achieve polio eradication through national immunization days. Relevant information, education and communication (IEC) and training materials were developed for this purpose. Training manuals and standard operating procedures were also developed on a number of health- and nutrition-related topics, and some 6,000 health practitioners were trained in their use.

6. UNICEF support for developing innovative approaches to community participation in primary health care included advocacy; promotion of the Baby-Friendly Hospital Initiative and complementary feeding programme; trial use of the "triple A" (assessment, analysis and action) approach to improve nutrition; and expansion of community-based rehabilitation (CBR) centres for disabled children. Major inputs were technical support for analysis of problems, production of training and IEC materials, and training of over 2,500 community support group members and CBR volunteers. Assistance for operational research helped to strengthen data for planning and for the formulation of appropriate national policies on IDD and vitamin A deficiencies. UNICEF also provided support for the Omani Gulf Family Health Survey and Oman's mid-decade review of progress towards the World Summit for Children goals.

7. The education programme helped to improve the quality of teaching and training materials and to make them more relevant to the needs of the country. Preschool teachers and master trainers were trained. Assistance in formulating the educational portion of the NPA helped to reorient the country programme towards an emphasis on enhanced information management and improved sustainable systems to monitor students' learning achievements. Studies were conducted to assess students' learning achievements and training was provided to improve the capacity of national staff.

8. A series of UNICEF-supported national and regional workshops enhanced the skills of community development workers. Technical assistance helped to link training to key aspects of programme implementation and to disseminate information on health, nutrition, hygiene and sanitation. Outreach services were provided to remote rural zones, and intersectoral collaboration was promoted by involving community development workers in health activities.

9. UNICEF inputs in the water and sanitation sector included training in the use of the UNICEF/WHO Water and Sanitation Monitoring System, application of geophysics for more effective groundwater detection, and promotion of appropriate technology through two pilot water supply and sanitation interventions.

10. Advocacy and social mobilization were used to keep women's and children's issues high on the national agenda and to promote the knowledge and awareness of the community. Support was given to the Task Force of the National Women and Child Care Plan (NWCCP) to produce a variety of training and IEC materials, including an Omani version of Facts for Life. Assistance was provided to NWCCP to conduct a series of national and regional information workshops. The situation analysis was updated and published for the first time as a joint Government/UNICEF document. UNICEF provided assistance to the Ministry of Development for analysis of census results on women.

Lessons learned

11. Because of the major achievements in the health sector, more assistance needs to be directed to nutrition and basic education, and to strengthen the country's capacity for research, monitoring and evaluation of all programmes. More impact can be obtained through capacity-building and by providing technical assistance for strategic interventions to help achieve and sustain the NPA goals. Operational research, particularly in the areas of health, nutrition and education, is needed to identify priority problems and to help strengthen the country's database. Knowledge-based advocacy needs to be used increasingly as a strategy for social mobilization. Joint Government/UNICEF monitoring and evaluation of programmes can be used more effectively to increase the effectiveness of programmes.

12. The social services that have become accessible to the majority of Omani people need to be made more efficient and effective. Quantitative gains in health and education have to be accompanied by qualitative gains. For example, disparities in access to high quality services must be corrected. Thus, UNICEF support should be given for the disaggregation of data by region, district and gender to better target interventions to the least served. More intersectoral cooperation is needed to help sustain the gains made to date and to achieve the decade goals. Planning has to improve prospects for the long-term sustainability of social development programmes under changing socio-economic conditions.

RECOMMENDED PROGRAMME COOPERATION, 1997-2000

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1997	1998	1999	2000	Total
Health	130	136	136	135	537
Nutrition	230	236	219	218	903
Basic education	229	225	217	216	887
Social statistics, policy and planning	171	177	183	116	647
Advocacy and social mobilization	140	160	177	244	721
Project support	100	66	68	71	305
Total	1 000	1 000	1 000	1 000	4 000

Programme objectives and strategies

13. UNICEF worked closely with the Government and consulted with WHO and the resident missions of Executive Board member countries to develop the new programme of cooperation. This four-year programme will help to address the remaining and newly emerged problems, build the base for sustainability and make the transition smooth.

14. The objectives of the programme are to: (a) help sustain child survival, development and protection gains; (b) improve the quality of life for children and families through the dissemination of knowledge about health and other issues; and (c) empower communities, particularly women, with the basic knowledge and skills needed to improve family health and quality of life and to enable them to become productive members of their communities. The programme will focus on bridging disparities in knowledge and practices in health and nutrition and on improving the quality of education. Data collection on women and children will be strengthened. Advocacy, policy formulation and programme planning will be supported and the capacity of social service providers upgraded. Communities will be mobilized to help Oman achieve its goals for the year 2000. The modalities for cooperation after the year 2000 will be discussed and agreed upon at the mid-term review, to be held at the end of 1998.

15. This final UNICEF programme of cooperation employs strategies for social mobilization, community participation and capacity-building. National service providers and managers will be trained to manage processes essential to sustainability. More attention will be given to building partnerships between various institutions and structures, including support for a national body that will assume the advocacy and social mobilization functions of UNICEF. Recognizing the importance of such an entity, the Government has requested technical support to help assess the situation and recommend appropriate measures to facilitate the transition.

Health

16. In the health sector, technical support and training materials will be provided to: (a) help Oman reduce its infant mortality rate to 15 per 1,000 live births and under-five mortality rate to 23 per 1,000 live births by the year 2000; (b) increase the percentage of women spacing births 2.5 years apart from 30 to 50 per cent; (c) reduce maternal mortality and reproductive morbidity; (d) improve antenatal, natal and post-natal care; and (e) reduce the incidence of low birth weight from 8 to 5 per cent. UNICEF support will help to achieve and sustain 98 per cent immunization coverage, promote polio eradication and sustain the elimination of neonatal tetanus and measles. Morbidity due to moderate respiratory infections and diarrhoea will be reduced to 134,000 and 100,000 cases, respectively. The prevention of AIDS will be promoted, as will the prevention and early detection of childhood disabilities. Information will be disseminated on hygiene, sanitation and environmental awareness and the adverse effects of smoking. Community care of disabled children will be promoted and service coverage increased to 25 per cent.

17. In line with the recommendations of the International Conference on Population and Development, birth spacing and safe motherhood will be major thrusts of the programme as ways of improving the health of both women and their children. IEC materials will be produced to empower all couples with the

information they need to space births. Workshops and training on safe motherhood and mother/baby care will be supported. Assistance will include operational research to identify causes of prenatal and neonatal mortality and help devise appropriate interventions.

18. Health staff will be trained to build and sustain national capacity. Community support groups and health personnel will be trained to disseminate health information in every region. UNICEF will support the collection and analysis of disaggregated data to better target programmes to high-risk areas and the most vulnerable groups. The disease surveillance system will be strengthened and national immunization days will be supported, particularly in the 383 villages in 36 wilayats (districts) which were identified as high-risk areas for the transmission of neonatal tetanus. The results of the Gulf Family Health Survey will be used as a baseline to monitor progress.

Nutrition

19. The nutrition programme aims to reduce mild and moderate malnutrition in children under five years of age from 12 to 8 per cent, to reduce iron deficiency anaemia among pregnant women from 48.5 to 37 per cent, and to virtually eliminate IDD and vitamin A deficiency. Support will be given to promote breast-feeding and complementary feeding and to improve maternal health care through knowledge dissemination and training of community support groups and health personnel. Nutrition education will be targeted to adolescent girls through the school health programme. Surveys on dietary practices and nutritional status will also be supported. The pilot "triple A" approach currently implemented in one region will be expanded to other regions in a phased manner.

20. Public awareness of micronutrient deficiencies will be created through the dissemination of IEC materials. Surveys on household consumption of iodized salt and other key nutrition issues will be supported to strengthen the database for targeted planning and for monitoring vitamin A and iron supplementation. A variety of intersectoral partners, including the school health programme, community support groups and community development workers, will promote education on the benefits of dietary diversification. The formulation of a national policy for the fortification of food with iron and vitamin A will be advocated. Successful responses to micronutrient deficiencies will be disseminated widely.

Basic education

21. The comprehensive national educational reform, which was recently launched by the Government, will be supported. The objectives are to help raise the net primary and preparatory school enrolment rates to 95 per cent and 72 per cent, respectively, and to improve the quality and content of basic education to make it more responsive to the needs of the twenty-first century. A major aim will be to develop monitoring instruments and to train national staff in their use.

22. Technical assistance will be provided to develop the Educational Management Information System (EMIS) for the collection, storage and retrieval of accurate and up-to-date data to assist with informed policy formulation. EMIS will promote efficiency of the educational system and help to identify disparities, thus contributing to higher enrolment levels. Training and

technical assistance will be provided at central and regional levels to build national capacity and thus ensure sustainability. Support will be given for training of senior teachers, supervisors and principals in 100 pilot schools where a new national curriculum will be introduced for grades 1-4. Workshops will be held on issues relevant to national curriculum reform in the areas of life skills, mathematics and sciences. Assistance will be provided for the compilation of a core curriculum and appropriate teacher guides for preschool education.

Social statistics, policy and planning

23. The aims are to strengthen the database on women and children and to enhance national capacities to collect, analyse and monitor data on social indicators relevant for policy formulation and social service programme planning. The focus will be on providing technical support and training for decentralized data collection and analysis, integrating the use of qualitative methodologies to reinforce quantitative assessments, and developing gender-sensitive instruments for disaggregated data collection, analysis and planning. The responsibility and capacity to undertake the situation analysis on an ongoing basis will be institutionalized, and the results will be linked to the Government policy formulation and programme design process.

24. UNICEF will collaborate with national institutions, including the Ministry of Development, further strengthening multisectoral analysis and planning. The programme will be linked to other UNICEF-supported programmes to reinforce and extend the benefits of each programme. Support will be offered to sectoral ministries to enhance data collection activities and to optimize utilization of data drawn from routine reports, annual statistical records and other important monitoring tools. The programme will help to select and document case studies on the Omani experience and share the information globally.

Advocacy and social mobilization

25. Advocacy will continue for final ratification and implementation of the Convention on the Rights of the Child. The programme will focus on the adaptation of strategies and implementation of programmes that will increase the sustainability of the gains made, bridge gaps in service delivery and help initiate interventions to address newly emerging problems. The beneficiaries will be empowered through social mobilization and dissemination of knowledge. Technical support will be provided for establishing a national body that will assume the role of lead advocate and mobilizer for children. New modalities will be developed for future cooperation with UNICEF. Assistance will also be provided to the NWCCP Task Force to help it develop and disseminate IEC materials, including information on early childhood development activities formulated within the framework of the "Better Patenting Initiative".

26. UNICEF will support the National Community Development Programme (NCDP) to enhance its effectiveness as a conduit for knowledge transmission, behavioural change and monitoring at local levels. Relevant IEC materials will be developed, and a cadre of community development workers will be trained in priority health and nutrition issues. Other programme staff will receive technical assistance in data collection, assessment and analysis. Intersectoral coordination will be fostered and links with existing community initiatives strengthened. The programme will assist NCDP to expand its activities to

underserved Bedouin communities through support for a number of awareness campaigns in remote rural areas.

Monitoring and evaluation

27. Assistance will be given to the intersectoral committee, to be formed under the chairmanship of the Ministry of Social Affairs and Labour, to monitor NPA-related activities. All programmes will include monitoring and evaluation components, with both qualitative and quantitative indicators of output and impact objectives, so as to help assess the effectiveness of programme interventions. Annual plans of action, field visits and periodic reviews will facilitate adjustments of activities. The joint Government/UNICEF mid-term review will help to monitor progress towards the NPA goals. The use of rapid assessment procedures and formal evaluations of key programme components will also help assess programme implementation and sustainability.

Inter-agency cooperation

28. Cooperation with WHO, the only other United Nations agency present in Oman, will be strengthened and extended in a number of key areas, notably through the working group to be established under the Joint United Nations Programme on HIV/AIDS; the promotion of anti-smoking activities; and advocacy for enhanced analysis and utilization of decentralized district-level health information. Coordination will also be pursued with the United Nations Population Fund and the Economic and Social Commission for Western Asia, which send field missions to Oman from their regional offices in Amman, Jordan.

Programme management

29. The UNICEF office structure has been designed to progressively reduce staff in preparation for the closure of the office in the year 2000. In the second half of the programme period, increased resources will be channelled to advocacy and technical assistance to help with the establishment of a national body for children that will take over from UNICEF.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : OMAN
PROGRAMME : 1997-2000

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	537			537	0	0	0	0	0	0	0	0	0	0	0.0	112.1	112.1
NUTRITION	903			903	0	0	0	0	0	0	0	0	0	0	397.8	0.0	397.8
BASIC EDUCATION	887			887	0	0	0	0	0	0	0	0	1	1	0.0	114.3	114.3
SOCIAL STATISTICS, POLICY/PLANNING	647			647	0	0	0	0	0	0	0	0	0	0	437.3	0.0	437.3
ADVOCACY AND SOCIAL MOBILIZATION	721			721	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROJECT SUPPORT	305			305	0	0	0	0	0	0	0	0	2	2	0.0	191.2	191.2
TOTAL GR	4,000			4,000	0	0	0	0	0	0	0	0	3	3	835.1	417.6	1,252.7
SUPPLEMENTARY FUNDING :																	
HEALTH		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
NUTRITION		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
BASIC EDUCATION		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
SOCIAL STATISTICS, POLICY/PLANNING		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
ADVOCACY AND SOCIAL MOBILIZATION		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROJECT SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL GR & SF	4,000	0	0	4,000	0	0	0	0	0	0	0	0	3	3	835.1	417.6	1,252.7
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			531.3													
	Staffing				0	0	1	1	0	0	2	1	3	6	1,242.8	966.0	2,208.8
GRAND TOTAL (GR+SF+ADM)					0	0	1	1	0	0	2	1	6	9	2,077.9	1,383.6	3,461.5
Number of posts and staff costs:																	
Current programme cycle											5	1	8	14			
At the end of proposed programme cycle (indicative only)											2	1	6	9	2,077.9	1,383.6	3,461.5

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.